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NOTE: This form is to be used only when a case is NOT OPENED.

Use additional forms as needed; complete page numbers in the upper right corner.

OSC additional forms t	is necuc	ou, com	ipicic page	IIIIIII	3 III liic appei	rigitt corrier.					
Date initiated (month, day, year)		ICWIS	number								
Adult household members	Date	of birth	Male/Female	Polo	Relationship	Minor household members	Date of birth (month, day, year)	Malo/Fomale	Role	Relationship	
Addit Hodoonold Hollisolo	(month,	day, year)	Iviale/i citiale	TOIC	rtelationship	minor nousenoid members	(month, day, year)	Water email	TOIC	rtciationship	
							+				
Brief description of circumstances:					I.					1	
		FAM	ILY SUPPO	RT / C	OMMUNITY S	ERVICES PLAN FOR CHILD(R	EN) *				
(This plan is to include details	conside	rina the	e safety of a	II minoi	household m	embers. It must include details i	regarding what	will be done	by who	om and who	
will monitor the activity or action						omboro. It made morado dotano i	ogaranig wilat	viii bo done	by with	om ana wno	
Name of child:	Saf	ety pla	n:				Monitored	Monitored by:			
rumo or omia.	- Jul	ory pic					Monitorec	i by.			
* Note: Any non-compliance m	ust be re	eported	l immediate	y to the	e	Department of Chil	d Services and	may result	in furthe	er action.	
Report to:											
Signature of parent/caregiver			Ir	)ate (mo	onth day vear\	Signature of parent/caregiver		Ir	Date (mo	nth, day, year)	
organication of parentifodiegiver				Jaio (III)	man, day, year)	oignature or parentroaregiver		,	Jaio (IIIO	mi, day, year)	
Signature of other (relationship)			1	Date (mo	onth, day. vear\	Signature of other (relationship)		1	Date (mo	nth, day, year)	
orginature of other (relationship)			(1110	, 2aj, joui j	orginature of other (relationship)			, 20,, 1001)			
Signature of Family Case Manager				Date (mo	onth, day, year)	Signature of reviewing supervisor		1	Date (mo	nth, day, year)	
Orginature of Lattiny Case Manager			(	, , , , )	Jighature of reviewing supervisor				, , , , ,		